



# Arkansas Secretary of State

**Charlie Daniels**

State Capitol • Little Rock, Arkansas 72201-1094  
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## APPLICATION FOR FICTITIOUS NAME For A Limited Liability Limited Partnership

To: Charlie Daniels  
Secretary of State  
State Capitol  
Little Rock, Arkansas 72201-1094

Pursuant to the provisions of Act 1528 of 1999, the undersigned limited liability limited partnership hereby applies for the use of a fictitious name and submits herewith the following statement:

1. The fictitious name under which the business is being, or will be conducted by this limited liability limited partnership is:

\_\_\_\_\_

2. The character of the business being or to be conducted under such fictitious name is:

\_\_\_\_\_

3. a) The limited liability limited partnership's name and it's date of qualification in Arkansas:

\_\_\_\_\_

b) The State of registration is:

\_\_\_\_\_

c) The location (city and street address) of the registered office of the applicant limited liability limited partnership in Arkansas is:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Signature: \_\_\_\_\_

(The partner acknowledges that he/she is authorized to execute this application)

Address: \_\_\_\_\_

### INSTRUCTIONS:

File With the Secretary of State's Office, Business Services Division, State Capitol, Little Rock, Arkansas 72201-1094.  
A copy will be returned to the limited liability limited partnership.